EMERGENCY MEDICAL SERVICES COMMISSION MEETING MINUTES

DATE: Friday, July 15, 2011

10:00 A.M.

LOCATION: Noblesville Fire Department
Station 76
16800 Hazel Dell Parkway
Noblesville, IN 46062

MEMBERS PRESENT:	Charles Valentine	(Municipal Fire)
	Myron Mackey	(EMTs)
	Terri Hamilton	(Volunteer EMS)
	G. Lee Turpen II	(Paramedic)
	Sue Dunham	(Emergency Nurses)
	Jane Craigin	(Hospital EMS)
	Rick Archer	(State EMS Director)
	Gary Miller	(Private Ambulance)
	Michael Olinger	(Trauma Physicians)
	Ronald Parsons	(Training Instructor)
	Michael Lockard	(General Public)
MEMBERS ABSENT:	D. William Rutherford	(Emergency Physicians)
	Ed Gordon	(Volunteer Fire EMS)

OTHERS PRESENT: Bruce Bare, Mara Snyder, IDHS Staff

CALL TO ORDER: The meeting was called to order at 10:00 by Chairman
Gary Miller.
No action was needed by the Commission. No action was taken.

ADOPTION OF MINUTES:

A motion was made by Commissioner Olinger to adopt the minutes as written. Motion was seconded by Commissioner Mackey. Motion passed.

State EMS Director Report

The State EMS Director Rick Archer announced that Training Division Director, James Bennett, took a position in the Fire Marshal's office as the State Assistant Fire Marshal. Michael Garvey is the acting interim Training Division Director.

Mr. Archer announced that the Indiana Department of Homeland Security has their new training platform on site, the Mobile Simulation Laboratory.

Mr. Archer announced that the EMS Skill sheets will be back on the website shortly.

Mr. Archer asked for a short Bio of each of the EMS Commissioners for a new public outreach campaign.

Mr. Archer announced the Vision for the Future Workshop is scheduled for July 25th-26th. This will be an invitation only workshop for EMS stakeholders and Purdue gave the Commission a presentation on the workshop.

Mr. Archer announced that about 22% of the quarter's certifications were completed on line. Mr. Archer described an issue relating to the expiration date of EMS certifications that developed with the implementation of the On-Line Certification renewal program. The computer program used by the agency automatically calculates the expiration date of certifications based on calendar quarters. Because initial certifications do not take effect until the first day of the next quarter, the system must be programmed to set expiration dates of a new certification 9 quarters into the future. For example, if a certification is issued on May 15, 2011, the computer system sets the expiration date to June 30, 2013. Staff historically has changed the automatically generated expiration date of the initial certification to the first day of the quarter, i.e. July 1st. The result of this process is that, during On Line certification renewal, the system automatically set the expiration date to the last day of the 9th quarter, i.e. September 30th resulting in 90 days additional certification period. Because the system cannot be programmed to use anything other than the technical definition of a calendar quarter, this issue will result in an ongoing problem with issuing an additional quarter of certification. Staff was forced to change the expiration date of certificates expiring in July from July 1st to June 30th so that expiration dates would be set to June 30, 2013 rather than September 30, 2013. The best solution to resolve this issue is for the Commission to establish the last day of the quarter as the expiration date of EMS certificates.

A motion was made by Commissioner Turpen to set the expiration dates of all new certifications to be the last day of the calendar quarter; and to allow staff to continue processing certifications as described previously, in regards to the expiration dates, for the next year and three quarters with the understanding that the expiration shown on the agency issued wall certificates and wallet cards will be valid. Motion was seconded by Commissioner Olinger. The motion passed.

Mr. Archer announced that he spent the day with National Registry receiving an overview of their system, test construction process and future research projects.

Personnel Certification Report
Renewed certifications as of July 2011

Basic EMT	786
Advanced EMT	50
EVOC Drivers	40
EVOC Instructors	3
First Responders	250
Paramedics	135
Primary Instructors	2
Intermediate EMT	3
Total	1269

STAFF REPORTS:
EMS Personnel Waiver Request
The following requested a waiver for their certifications to be reinstated due to submitting in-service late. All training was completed prior to expiration. All expired 01-01-11. Staff recommended approval.

Albers, David T.	(R)
Askren, Crystal D.	(B)
Rainwater, Paul	(B)

Commissioner Turpen offered a motion to approve the waivers. The motion was seconded by Commissioner Olinger. The motion passed.

The following requested a waiver of his certification expiration due to submitting his in-service late. All training was completed prior to expiration. Expired 10-01-10. Staff recommended denial.

Keller, Michael	(R)

Commissioner Archer offered a motion to deny the waiver. The motion was seconded by Commissioner Craigin. The motion passed, with one opposed.

The following requested a waiver of his certification expiration due to submitting his in-service late. All training was completed prior to expiration. Expired 07-01-10. Staff recommended denial.

Jackson, John C. (R)

Commissioner Archer offered a motion to deny the waiver request. The motion was seconded by Commissioner Parsons. The motion passed.

The following requested a waiver of the 836 IAC 4-7-2(b) deadline for affiliation. Petitioner requests 3 month extension of the deadline for purpose of affiliating and renewing certification. Staff recommended approval.

Wall, Ruth (BA)

Commissioner Turpen made a motion to approve the waiver request. The motion was seconded by Commissioner Valentine. The motion passed.
The following requested a waiver of the 836 IAC 4-4-1(b) deadline to complete testing requirements. Petitioner requests 3 month extension. Staff recommended approval.

Alamillo, Amanda. (B) Candidate

Commissioner Mackey made a motion to approve the waiver request. The motion was seconded by Commissioner Valentine. The motion passed.

Provider Waivers

The following requested a waiver of 836 IAC 1-3-5 (a-f) Patient stabilization equipment, 836 IAC 1-2-1 (b) BLS staffing requirements and 836 IAC 2-2-1 (h) ALS staffing requirements.

St. Joseph Regional Medical Center- Mishawaka

Commissioner Olinger made a motion to grant the waiver. Commissioner Valentine seconded. The motion passed.

The following requested a renewal of the waiver allowing EMT-I to administer 12 ECG and transmit.

Memorial Hospital Ambulance Service- Jasper

Commissioner Olinger made a motion to grant the waiver. Commissioner Valentine seconded the motion. The motion passed.

INVESTIGATIONS REPORT

Report submitted for information purposes only:

Personnel	3 Active Investigations
Provider Agencies	3 Active Investigations
Training Institutions	2 Active Investigations
Primary Instructors	1 Active Investigation

No action Required, none taken.

ADMINISTRATIVE PROCEEDINGS

Orders Issued

Order No. 35-2011, Aimee Beasley
No Action Required, none taken.

Order No. 37-2011, Emily Johann
No Action Required, none taken.

Order No. 30-2011, Craig Koenig
No Action Required, none taken.

Order No. -2010, Carla Schick
No Action Required, none taken.

Order No. 34-2011, Adam Taylor
No Action Required, none taken.

Order No. 28-2010, Dennis William Yuhasz
No Action Required, none taken.

Appeals

Carla Schick made a timely appeal.

Commissioner Archer made a motion to grant the appeal. Commissioner Lockard seconded. Appeal was granted.

Administrative Law Judge Decisions
No action needed.

DATA REGISTRY REPORT

Report was submitted for information purposes.

Indiana Fire/EMS Data Report to the Commission – July 12, 2011

- NEMSIS Information; (Indiana On-Line web server)
  - Currently there are 41 Fire and EMS Providers using the system with a total of 11,600 reported incidents, an almost 48% increase from the report per Mr. Nelson, previous data manager.

  - We are currently working with the various software vendors towards Indiana Certification. The vendors had submitted test data; none passed the Indiana requirements as outlined in the 2009 Data Dictionary. Due to that fact, I have caused an "Indiana specific NEMSIS Data Elements Software Vendor Document" to be written. This document was then distributed to the vendors. We currently are awaiting their new test files for certification.

  - Once the vendors receive their Indiana Certification, they may announce to their respective providers to contact our office for transmitting (exporting) the data instructions.

- EMS Legacy Information
  - Current stats;
    - 2011   51, 514 Incidents   168 Providers reporting
    - 2010   229,506 Incidents   286 Providers reporting

- IDHS WEBSITE
  - The Fire and EMS Data reporting section will be completely updated by the 25th day of each month.
  - There also will be an updated list of Indiana Certified Vendors.

- Billing Companies
  - Those providers using billing companies to submit their Incidents on a timely basis should check the website for outcomes. Our office has worked diligently with several companies to ensure the data is correct. The billing company software must also be Indiana Certified if used to submit runs to the state.

- Personnel Additions to Fire/EMS Data
  - Through a cooperative agreement, The Training Division has agreed to share an employee, Denise Clarke, to be trained as a Fire/EMS Data Specialist within the

Fire Safety Section. She will be trained to provide service and assistance to the Fire/EMS Incident Reporting Programs.

G

Gary W. Robison
Deputy State Fire Marshal
Fire Service Safety-Risk Management
Fire and EMS Data Coordinator
Indiana Department of Homeland Security
Fire and Building Safety Division

One Enclosure:
- "Indiana specific NEMSIS Data Elements Software Vendor Document"

Indiana specific NEMSIS Data Elements Software Vendor Document

The Indiana Department of Homeland Security (IDHS) Emergency Medical Services (EMS) Data Dictionary & National EMS Information System (NEMSIS) Data elements (http://www.in.gov/dhs/files/DataDictionary.pdf), lists Indiana specific NEMSIS Data elements (section 3.A).

This Vendor Document provides rules and/or conditions for the Indiana specific NEMSIS Data elements.

Software Vendors should first refer to the Indiana Data Dictionary, then to this document for rules (surrounding the IN specific NEMSIS Data Elements), and lastly the NEMSIS Data Dictionary v2.2.1 for NEMSIS defined specifics regarding XSD Data Types, Constraints, etc. for all applicable elements.

Indiana specific NEMSIS Data Elements Rules and conditions:

Incident Number (E02_02)	Always required. Does not accept nulls
EMS Unit (Vehicle) Response Number (E02_03)	Always required. Does not accept nulls
EMD Card Number (E03_03)	Required when EMD Performed (E03_02) = 570 (Yes, With Pre-Arrival Instructions) or 575 (Yes, Without Pre-Arrival Instructions), else export -5 (Not Available) or -10 (Not Known)
Crew Member ID (E04_01)	Always required. Accepts Nulls

Incident or Onset Date/Time (E05_01)	Required when Incident/Patient Disposition (E20_10) = 4840 (Treated and Released), 4845 (Treated, Transferred Care), 4850 (Treated, Transported by EMS), 4855 (Treated, Transported by Law Enforcement), 4860 (Treated, Transported by Private Vehicle), else export blank tag
Unit Cancelled Date/Time (E05_02)	Required when Incident/Patient Disposition (E20_10) = 4815 (Cancelled), else export blank tag
Last Name (E06_01)	Not required. If blank export -10 (Not Known) or -20 (Not Recorded)
Date of Birth (E06_16)	Not required. If blank export -10 (Not Known) or -20 (Not Recorded)
Scene Zone Number (IN DHS District Number), (E08_09)	Not required. If blank export -10 (Not Known) or -20 (Not Recorded)
Incident County (E08_13)	Always required. Accepts Nulls
Incident State (E08_14)	Always required. Accepts Nulls
Chief Complaint (E09_04)	Required when Incident/Patient Disposition (E20_10) = 4820 (Dead at Scene), 4830 (No Treatment Required) , 4835 (Patient Refused Care), 4840 (Treated and Released), 4845 (Treated, Transferred Care), 4850 (Treated, Transported by EMS), 4855 (Treated, Transported by Law Enforcement), 4860 (Treated, Transported by Private Vehicle), else export blank tag
Intent of the Injury (E10_02)	Required when Possible Injury (E09_04)= 1 (Yes), else export null
Medical /Surgical History	Always required. Accepts nulls
Mechanism of Injury (E10_03)	Required when Possible Injury (E09_04)= 1 (Yes), else export null
Use of Occupant Safety Equipment (E10_08)	Required when Possible Injury (E09_04)= 1 (Yes), else export null
Destination/Transferred To, Name (E20_01)	Required when Incident/Patient Disposition (E20_10) = 4850 (Treated, Transported by EMS), , else export blank tag

Destination/Transferred To, Code (E20_02)	Required when Incident/Patient Disposition (E20_10) = 4850 (Treated, Transported by EMS), , else export blank tag
Destination Zone Number (E20_09)	Required when Incident/Patient Disposition (E20_10) = 4850 (Treated, Transported by EMS), , else export blank tag
Research Survey Field (E23_09)	Always required, Accepts nulls

Contact information:

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No Action Required, none taken.

Commissioner Olinger left at 12:36pm.

TECHNICAL ADVISORY COMMITTEE
Report was submitted for informational purposes.
A Bridge Course recommendation was made by the Technical Advisory Committee.

Indiana
Basic Advanced EMT & Advanced EMT Bridge Course

Transition Requirements

Requirements for Training:

- Training program must be sponsored / supervised by an ALS Indiana Certified Training Institution.
- Training must be conducted by a person certified at that level or higher.
- Must be supervised by an Indiana Certified Primary Instructor.
- Must submit training application with all required documentation to IDHS and received course approval prior to starting the transition program.
- All personnel taking the transition course must be currently affiliated with an Advanced EMT Provider or higher.

DIDACTIC HOURS: Course outline and objectives to be presented with the initial application designed to validate Competency Based Training with didactic hours ranging from 94-98 hours of Advanced EMT Core content.

CLINICAL HOURS: Must meet DOT standards and reflect all aspects of clinical performance.

SKILLS VALIDATIONS: Must be Competency Based Skill Validations over all skill performances within the scope of practice for the AEMT level and meet the minimum requirements of the training institution.

FIELD INTERNSHIP: At the conclusion of the didactic phase for the AEMT program, the candidate will complete a field internship comprised of a minimum of (10) ten ambulance patient contacts where the candidate successfully performs and manages the ALS assessment and at least (1) one ALS skill included in the AEMT scope of practice. The training Institution will then sign off on the candidate once all requirements have been met to initiate eligibility for certification testing.

TAC Fiscal Impact Statement

Problem

The Indiana EMS Commission has to provide a financial analysis supporting its January decision to utilize the National Registry of EMTs (NREMT) for the EMT initial certification.

Background

The Technical Advisory Committee (TAC) was tasked with providing a financial impact profile comparing the cost of certification by the National Registry of EMTs or by planning, formulating, and implementing a "home grown" series of tests. In initial discussion, it became apparent that regardless of the financial analysis that a testing service for the Emergency Medical Responder (EMR) formerly first responder would have to be established. With that in mind, the committee began researching the start up cost for a testing program.

The state of Illinois has a state made test from a vendor. The annual cost is $100,000. The states of Michigan Ohio and Kentucky use the National Registry of EMTs for initial certification of EMRs and 1EMTs. The cost is borne by individual providers.

In further research, we found that the city of New Haven, Connecticut paid a vendor Industrial/Organizational Solutions, INC (IOS) an Illinois company "that specializes in designing entry level and promotional examinations for fire and police departments". 2The city hired the firm to develop a promotional examination. The firm employed subject matter experts to perform various tasks including knowledge, skills and abilities, interviewing of incumbent s to determine what was done on the job. They did other functions including writing an analysis of the job and writing test items to measure job related knowledge 3. For their efforts, the city of New Haven paid them $100000 for a one hundred-item (100) examination.4

The NREMT makes use of a similar process. According to William Brown, Executive Director, the NREMT invites SME to its Columbus, Ohio once a month for a two day test item-writing session. They invite 11 SMEs who must write ten (10) questions for each level of certification. Items are polished improving grammar and content, as well as a review by the contracted psychometric expert who reviews psychological measurement of each item. The items are then field-tested in various national examinations to produce a valid and reliable item. Those items are then added to the 10000-item question bank for each level of certification. Mr. Brown generally indicates costs about $1000 to produce each valid, reliable, and defendable item.

With those facts in mind, the committee began to construct a preliminary budget.

1 http://www.nremt.org/nremt/about/stateReciprocityMap.asp accessed 6-27-2011
2 *Ricci Et al v. DeStefano et al, 000* U.S. 07-1428, 1-93, 4 2009
3 *Ricci, 2009 at 4*
4 *Ricci, 2009 at 4*

Finding a Psychometric Expert
The committee cold called the Purdue University, Indiana University, and Ball State University departments of psychology. Only IUPU returned the call. Dr. Howard Mzumara, Director of Testing Center, E–mail; hmzumara at iupui.edu; Phone: 317-278-2214; Fax: 317-274-3400; Website: http://tc.iupui.edu; Campus Address: UN 003S.5He indicated his wiliness to provide contracted professional services.

Subject Matter Experts (SME)

The committee arrived at a figure of $100 as a professional fee. This is based upon current consulting services of the assembled physician/professional educator mix.

IT support

Unknown. The state will have to either establish internal processes and controls for administering the examination or contract with Ivy Tech Community College and or IU. In our conversations, we discovered that all Indiana University campuses have a testing center and that reasonable rates for hosting an examination exist. However, the Commission staff must negotiate a contract for services.

Meetings

The committee is recommending the EMS Commission staff conduct a monthly meeting of the SME. The meeting will be two days at eight (8)hours per day. We recommend the contracting of professional services of 11 SME and the psychometric expert to advise the committee. The committee would meet monthly for a two-day test item writing session. The 11 SMEs would write ten (10) questions for each level of certification. Items would be polished improving grammar and content as well as a review by the contracted psychometric expert who would review psychological measurement of each item.

Contracts

The Commission staff will have to negotiate new agreements with Ivy Tech Community College and others to establish testing centers for EMR and EMT. 5 http://planning.iupui.edu/88.html accessed June 27, 2011

Budgetary Elements	Cost per hour	Number of hours/month	Cost projection
Elements			
Psychometric evaluation monthly	$65	4	$260
SME	$100	(16hrs @11SME) 176	$17600
Professional services		Unknown	
State of Indiana IT support		Unknown	
Travel		Unknown	
Totals of known monthly costs		$17860	
Yearly projected cost for 1 examination		$214320	

**The current cost is $15.00 per examination at an Ivy Tech Community College site statewide. We estimate that 2200 examinations will occur annually.

Analysis

The EMS Commission has decided to develop a test construction and evaluation committee, contract professional services, and administer a certification examination for Emergency Medical Responders. The minimum annual cost to provide such a service is at least $214,320. This does not include foreseen yet undeveloped services such as test site costs, IT infrastructure, security of the examinations and storage a in a secure server the test databank. It does not include the monthly maintenance fees customarily charges for server space. Nor does this estimate undertake to cost the staff time for supporting the project. Projecting that is a cost of $97.41 per student test for each EMR taking the test. When adding in the current Ivy Tech Community College fee the total is $1120.41

There are going to be costs associated with the development of a state based examination for EMR and/or EMT. In turn, there will be costs to the student either directly by paying a fee to the National Registry or to Ivy Tech Community College. There will be cost to the state certification section that is currently unbudgeted. There are currently adequate sites, but more can be added. Independent of expansion of sites, the cost will rise as the number of students increase. The cost of doing business by a university or college will increase due to increase use of testing centers. Perhaps some, if not many, may qualify alternatively as NR testing center.

There will be travel to written test sites. In the original testing plan circa 1978, the goal was to drive no more than 50 miles for a class or written examination Bell (2011).

The projected cost will also fit the EMS Commission task of comparing National Registry testing versus state based testing for the purposes of suggesting a financial impact to the citizens of the state of Indiana.

Limitations
The committee presents three limitations as questions

Who bears the cost for obtaining certification, an individual student or the state?

What is the liability associated with developing, implementing and defending a state made examination? In Ricci, the cost was tremendous.

How does the state measure, examine and ensure that non-NSC skills are evaluated and what is the cost of the practical skills examination?

Conclusion and recommendation
     1. The Technical Advisory Committee was tasked with developing a financial impact statement for using the National Registry. In researching the cost, the committee found that the state of Indiana cost is a minimum of

$214,320 per year. The cost translates to $97.41 per student. The financial impact of the state of Indiana developing its own EMT Certification examination is at least 112.41 per student in one year because of the additional cost paid to Ivy Tech Community College to act as test administrator. This compares to the National Registry examination of $70.00. The cost difference is at least 52.14 per student.

2. The Indiana EMS Commission must create a test Construction and Evaluation committee to plan, formulate and deploy a valid and reliable certification examination. Included in the cost of deployment are the contracting of SME, psychological measurement and psychometric evaluation, IT infrastructure and support, test sites and professional services. That cost is a minimum of $ 214320 per year. The cost translates to $97.41 per student.

Commissioner Mackey made a motion to table the discussion of the Bridge Course, until after comments can be reviewed and made by the public to the staff. Commissioner Valentine seconded. Motion passed.

Commissioner Mackey made a motion to reappoint Ward, Bell, Fetters and Farkus to the Technical Advisory Committee. Commissioner Turpen seconded. The motion passed.

EMS FOR CHILDREN
Introduction of New Program Manager, Stephanie Fahner.
No Action Required, none taken.

TRAUMA COMMITTEE REPORT
Dr. Gregory Larkin, Indiana State Department of Health Commissioner presented the legal authority of the Indiana State Health Department's responsibility to develop a Trauma System in Indiana and the importance of the EMS Commission and the Trauma Care Committee work together to establish an effective trauma care system. Dr. Larkin expressed concerns the Trauma Committee has over the proposed Trauma Rule before the EMS Commission. Dr. Larkin suggested that the rule be amended to include requirements for trauma patients within 30 minutes of a Trauma Center are transported to that Trauma Center.

Discussion of the Trauma Committee and the American Academy of Surgeons recommendations as they pertained to the proposed rule with several comments from the audience followed Dr. Larkin's presentation.

Commissioner Archer moved that the Trauma Rule be referred back to staff in an attempt to develop language that is mutually acceptable to the

Commission and the Trauma Committee. Motion was seconded by Commission Olinger. Motion passed.

OLD BUSINESS

None Presented

NEW BUSINESS
Discussion of EMT-BA Skill Level – Commissioner Turpen expressed concern that the current definition of EMT-BA (836 IAC 1-1-1 (24) making "Rhythm Interpretation" a BLS skill in Indiana resulting in an unintended consequence of Medicare defining Rhythm Interpretation a Basic Life Support skill adversely affecting Medicare reimbursement for ALS providers.

Chairman Miller directed staff to review the definition and make recommendations to the Commission to address this unintended consequence of the definition of EMT-BA.

There being no further business, the meeting was adjourned at 1:13p.m.

Approved_____

Gary Miller, Chairman